

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Oregon State University

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: Information Services
618 Kerr Admin. Bldg.
Oregon State University
Corvallis, OR 97331-2150

Name of Agent Designated to Receive Notification of Claimed Infringement: Curtis Pederson

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
Same as Above (Service Provider Address)

Telephone Number of Designated Agent: 541-737-0739

Facsimile Number of Designated Agent: 541-737-3033

Email Address of Designated Agent: Curt.Pederson@orst.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: 04/26/99

Typed or Printed Name and Title: Curtis Pederson, Associate Provost,
Information Services

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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MAY 24 1999

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